



## INVOICE

**BILL TO:**  
SCOTLYNN USA DIVISION INC  
9597 GULF RESEARCH LANE  
FORT MYERS, FL 33912

**INVOICE DATE:** 12/12/2024  
**INVOICE #:** R68941  
**TERMS:** NET 30  
**DUE DATE:** 01/12/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/10/2024		8 Catamount DRV, Milton, VT 05468 - 1245 US-202, Winthrop, ME 04364, USA			
		Freight Income	1	\$1,100.00	\$1,100.00
		Lumper	1	\$100.00	\$100.00

### Payments:

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
12/11/2024	Direct Deposit	704184	12/11/2024	704184	\$1,100.00

TOTAL
\$100.00

### PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

**COMPASS FUNDING SOLUTIONS LLC**  
**P.O.BOX 205154**  
**DALLAS, TX 75320-5154**  
**Tel: 844-899-8092**



Rate Confirmation 1029759



1029759

**Scotlynn USA Division**

9597 Gulf Research Lane  
Fort Myers, FL 33912  
Ph: 888-263-1888  
Fax: 239-433-3372  
www.scotlynn.com

**Operations Contact**

Samuel Conboy  
sconboy@scotlynn.com  
ph: 239-204-5876 x  
cell:  
fax: 239-204-5880

**Billing Contact**

9597 Gulf Research Lane  
Fort Myers, FL 33912  
ph: 800-263-9117 x 2541  
fax: 239-603-8407  
email: usa-accounting@scotlynn.com

Carrier: ROYAL3 INC  
CHICAGO  
Date: 12/10/2024

IL 60638

Contact: Kelly  
Phone: 630-405-7879  
Fax:

Commodity: pasta sauce  
Temp: to

Run Continuous: N

Trailer: Van or Reefer (DAT)

**Stop Details**

PU 1 Name: BOVE'S  
Address: 8 Catamount DRV  
MILTON VT 05468

Arrive Between: 12/10/2024 0800  
And: 12/10/2024 1500  
Contact:  
Phone:

Ref: PU 12365386, 12365441, 12365331

Pcs:

Weight:

Desc:

**Stop Details**

SO 2 Name: Hannaford Distribution Center  
Address: 1245 US-202  
WINTHROP ME 04364

Arrive Between: 12/10/2024 2000  
And:  
Contact: Main  
Phone: 207-377-2251

Ref: CG Appointment ID: 013394629

Pcs:

Weight:

Desc:

Rate Approval Signature: Kelly Ivanovic

Carrier Freight Pay: \$1,100.00  
Total Carrier Pay: \$1,100.00

Comments



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## Terms and Conditions

Scotlynn Order number must appear on your Freight Bill.

Quick Pay is available on all orders at a rate of 3%, Proof of Delivery required.

Standard Payment Terms are Net 30 days from receipt of your Freight Bill and Proof of Delivery.

Late Pickup/Delivery without prior notification will result in fines.

Check Calls must be made to Scotlynn Operations Contact before 10am and again before 4pm EST each day the load is in transit, including weekends and holidays. Failure to communicate may result in fines.

All additional expenses such as pallets and unloading fees require receipts in order to be reimbursed.

Loading/Unloading delays must be reported while truck is on site, and detention requests must be accompanied by dock in and out times noted on Bill of Lading.

Case and pallet count must match confirmation, any discrepancies must be reported at time of loading.

All temperature control loads must be run on continuous cycle only.

Each pallet of a temperature controlled shipment must be pulped at the time to loading to ensure temperature matches the Bill of Lading. Temperature must be reported to Scotlynn at time of loading.

All trailers must be sealed with the seal number noted on the Bill of Lading.

Double Brokerage without written consent will result in non-payment.

All load claims will be assessed at the Bill of Lading, Invoice or Retail value whichever is greater.

For After Hours Dispatch call the toll-free number and follow the prompts.

Certificate of Insurance shall evidence that the following cargoes are not excluded: Fresh and/or frozen produce; fresh and/or frozen meat/seafood

**Print Name:** \_\_\_\_\_

**Truck/Trailer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Driver/Cell:** \_\_\_\_\_



Rate Confirmation 1029759



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Carrier: ROYAL3 INC  
CHICAGO  
Date: 12/12/2024

IL 60638

Contact: Kelly  
Phone: 630-405-7879  
Fax:

Commodity: pasta sauce  
Temp: to

Run Continuous: N

Trailer: Van or Reefer (DAT)

**Stop Details**

PU 1 Name: BOVE'S  
Address: 8 Catamount DRV  
MILTON VT 05468

Arrive Between: 12/10/2024 0800  
And: 12/10/2024 1500  
Contact:  
Phone:

Ref: PU 12365386, 12365441, 12365331

Pcs:

Weight:

Desc:

**Stop Details**

SO 2 Name: Hannaford Distribution Center  
Address: 1245 US-202  
WINTHROP ME 04364

Arrive Between: 12/10/2024 2000  
And:  
Contact: Main  
Phone: 207-377-2251

Ref: CG Appointment ID: 013394629

Pcs:

Weight:

Desc:

Rate Approval Signature:

Carrier Freight Pay: \$1,100.00  
Lumper 100.00  
Total Carrier Pay: \$1,200.00

Comments



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All load claims will be assessed at the Bill of Lading, Invoice or Retail value whichever is greater.

For After Hours Dispatch call the toll-free number and follow the prompts.

Certificate of Insurance shall evidence that the following cargoes are not excluded: Fresh and/or frozen produce; fresh and/or frozen meat/seafood

**Print Name:** \_\_\_\_\_

**Truck/Trailer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Driver/Cell:** \_\_\_\_\_



Date: 12/10/2024

**BILL OF LADING**Page 1

**SHIP FROM**  
 Name: BOVES  
 Address: 8 CATAMOUNT DRIVE  
 City/State/Zip: MILTON VT, 05468  
 SID#: \_\_\_\_\_ FOB: \_\_\_\_\_

Bill of Lading Number: \_\_\_\_\_

BAR CODE SPACE

**SHIP TO**  
 Name: HANNAFORD BROS. Location #: \_\_\_\_\_  
 Address: 1245 US RT. 202  
 City/State/Zip: WINTROP, ME 04364  
 CID#: \_\_\_\_\_ FOB: \_\_\_\_\_

CARRIER NAME: \_\_\_\_\_

Trailer number: \_\_\_\_\_

Seal number(s): 62008735

SCAC: \_\_\_\_\_

Pro number: \_\_\_\_\_

BAR CODE SPACE

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Freight Charge Terms:**

(freight charges are prepaid unless marked collect)

Prepaid x Collect \_\_\_\_\_ 3<sup>rd</sup> Party \_\_\_\_\_Master Bill of Lading: with attached  
underlying Bills of Lading

(check box)

**SPECIAL INSTRUCTIONS:**

P-U 12/10/24, DUE 12/10/24 \*\*\*STRAP / SEAL LOAD \*\*\*

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
12365386	1956	27110	Y X N	
12365441	168	1710	Y N	
12365331	526	6700	Y N	
			Y N	
			Y X N	
<b>GRAND TOTAL</b>	2650	35520		

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	SKID	1956	CASES	27110	X	BOVE'S MIXED PASTA/PIZZA SAUCES		
1	SKID	168	CASES	1710		BOVE'S PIZZA SAUCES 6/16 OZ		
4	SKID	526	CASES	6700		TOI'S MIXED PASTA / PIZZA SAUCES		
22		2650		35520		<b>GRAND TOTAL</b>		

RECEIVING  
STAMP SPACE

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574.

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_."

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect: Prepaid:

Personal/company check NOT acceptable: ☐**NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594.**

RECEIVED, subject to the rates, classifications and rules that have been established by the Carrier and are available on request to the Shipper (Shipper defined in 49 U.S.C.A. § 13102(13)(c)), and to all applicable state and federal regulations. Shipper 1) warrants it has read all applicable contract(s) or Carrier's applicable tariff(s) and the limitation of liability provisions set forth therein, and 2) has actual knowledge of and accepts the applicable contract or tariff terms, including the limits on carrier liability. Carrier's tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature \_\_\_\_\_

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

**Trailer Loaded:**☒ By Shipper  
By Driver**Freight Counted:**☒ By Shipper  
By Driver/pallets said to contain  
By Driver/Pieces**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

ADUSA DC# 03RECVD BY Bobby S CumminsDATE RECVD 12-10-24TOTAL QTY RECVD 2650

OVER \_\_\_\_\_ SHORT \_\_\_\_\_

REFUSED \_\_\_\_\_ CHILD PO# \_\_\_\_\_



Date: 12/10/2024

**BILL OF LADING**Page 1

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 City/State/Zip: MILTON VT, 05468  
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**SHIP TO**  
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 Address: 1245 US RT. 202  
 City/State/Zip: WINTROP, ME 04364  
 CID#: \_\_\_\_\_ FOB: \_\_\_\_\_

CARRIER NAME: \_\_\_\_\_

Trailer number: \_\_\_\_\_

Seal number(s): 62008735

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OVER \_\_\_\_\_ SHORT \_\_\_\_\_

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